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Bib Data Sheet

SERIAL NUMBER 09/591,769	FILING DATE 06/12/2000 RULE _	CLASS 707	GROUP ART UNIT 2771	ATTORNEY DOCKET NO. 004239.P001
APPLICANTS Alain T. Rappaport, San Mateo, CA ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/140,102 06/18/1999 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/21/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 56
INDEPENDENT CLAIMS 7				
ADDRESS Thien T Nguyen 12400 Wilshire Boulevard 7th Floor Los Angeles ,CA 90025				
TITLE Method, apparatus and system for providing health information				
FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

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CONFIRMATION NO. 4769

SERIAL NUMBER 09/591,769	FILING DATE 06/12/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 004239.P001
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APPLICANTS

Alain T. Rappaport, San Mateo, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/140,102 06/18/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 08/21/2000

Foreign Priority claimed

☐ yes ☒ no

35 USC 119 (a-d) conditions met

☐ yes ☒ no

Verified and Acknowledged

Examiner's Signature

Met after Allowance
Initials

STATE OR

COUNTRY
CA

SHEETS

DRAWING
16

TOTAL

CLAIMS
56

INDEPENDENT

CLAIMS
7

ADDRESS

Thien T Nguyen
12400 Wilshire Boulevard 7th Floor
Los Angeles , CA
90025

TITLE

Method, apparatus and system for providing health information

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit